

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

1. Committee I.D. Number 5 3 3 5 9 4. Candidate Last Name Ejrst Name M.I. 4a. Office Sought Including District & or Community Served (if applicable) Committee Name Every Ab. County of Residence Enry 6. Committee Name Every Ab. County of Residence Enry 6. Committee Name Every Ab. County of Residence Enry 6. Committee Name Ab. County of Residence Ab. County of Re	Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 15-1-13 to 12-31-13
2. Committee Name County Commission of Residence County Commission of Residence County Commission of Residence Bry 4b. County of Residence Bry 4c. County of Residence Same A Residential Address Same AS Candidate Area Code and Phone Area Code and Phone Area Code and Phone 9c. County of Residence Area Code and Phone 9c. County Commission Area Code and Phone 9c. County Commission 9c. County	1. Committee I.D. Number 150 359	4. Candidate Last Name First Name M.I.
Envire Keyg rek 5. Committee's Mailing Address 18.5 April Beach Bay City, MI 48706 Area Code and Phone 1889 L884 - 28.30 If the address by the filing official. Area Code and Phone 1890 L884 - 28.30 If the address by the filing official. Area Code and Phone 1891 L884 - 28.30 If the address by the filing official. Area Code and Phone 280 L884 - 28.30 If the address by the filing official. Area Code and Phone 280 L884 - 28.30 If the address by the filing official. Area Code and Phone 280 L884 - 28.30 If the address by the filing official. Area Code and Phone 380 L884 - 28.30 If the address by the filing official. Area Code and Phone 390 L884 - 28.30 If the address by the filing official. Area Code and Phone 390 L884 - 28.30 If the address by the filing official. Area Code and Phone 390 L884 - 28.30 If the address by the filing official. Area Code and Phone 390 L884 - 28.30 If the address by the filing official. Area Code and Phone 390 L884 - 28.30 If the address by the filing official. Area Code and Phone 390 L884 - 28.30 If the address by the filing official. Area Code and Phone 390 L884 - 28.30 If the address by the filing official. Area Code and Phone 390 L884 - 28.30 If the address by the filing official. Area Code and Phone 390 L884 - 28.30 If the address by the filing official. By checking this time, livic certify that the committee by the considered a request for the Reporting Walver. Note: The disposition of residual funds must be reported on Schedule 18 and the Summery Page. A committee that does not have a Reporting Walver must file all required Campains Islanding debts count against the \$1,000 Reporting Walver is not received on error of the filing destifient of a received on error of the filing destifient of a received reference the filing of the south one statement and stached schedules (if any) and to the best of mydour knowledge and belief the contents are true, accurate and complete. A committee that does not have a Reporting Walver is not received on error of the filing of th	O Compression Norma	4a. Office Sought Including District # or Community Served (If applicable)
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Area Code and Phone	5. Committee's Mailing Address	
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Area Code and Phone 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (2013 Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. Dissolution of Candidate Committee Effective Date of Dissolution Special Caucus Date of Election, Convention or Caucus Date of Election, Convention or Caucus Accommittee By Checking this item, INWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, INWe request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 18 and the Summary Page. Accommittee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statement of Organization is leading to the St. 1,000 Reporting Waiver threshold. If any of the information is lead in Items 2, 4,5, 6,7, or 8 has changed since the information was shown on the committee's Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver threshold. If any of the information was shown on the committee's Statement of Organization an amendment to the Statement of Organization should accompany this Campaign Statement cannot be waitened or a required campaign statement and attached schedules (if any) and to the best of mykour knowledge and belief the contents are true, accurate and complete. Signature Signature Accuract Treasurer or Designated Record keeper Eurile Accuract and complete. Signature Signature Date		8. Designated Record keeper's Name and Mailing Address (If the committee has a
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (@D/3 Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. Dissolution of Candidate Committee Effective Date of Dissolution Special Caucus Date of Election, Convention or Caucus Date of Election, Convention or Caucus A committee that does not have a Reporting Walver must file all required Campaign Statements. The Campaign Statements must include all applicable is and the Summary Page. A committee that does not have a Reporting Walver must file all required Campaign Statements. The Campaign Statements must include all applicable is an of the Item Statement of Organization should accompany file Scampaign Statement. The Campaign Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. The campaign Statement of Organization should accompany this Campaign Statement of Toganization should accompany this Campaign Statement. The campaign Statement of Organization should accompany this Campaign Statement of Toganization should accompany this Campaign Statement. The campaign Statement of Organization should accompany this Campaign Statement of Toganization should accomp	NA	NA
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Pre-Election or Post-Election Statement relates to: Primary	9. TYPE OF STATEMENT	
Primary General Genera	9a. Pre-Election OR 9b. Post	st-Election 9c. Annual Statement (20/3 Coverage Year)
Primary General Convention School Special Date of Election, Convention or Caucus Date of Election, Convention or Caucus By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filling fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Note: The disposition of residual funds must be reported on Schedule land the Summary Page. A committee that does not have a Reporting Walver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Walver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization, and should accompany this Campaign Statement. If a request for a Reporting Walver is not received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived. 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Type or Print Name Signature Date	Pre-Election or Post-Election Statement relates to:	
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Special Date of Election, Convention or Caucus By checking this item, IWwe certify that the committee has no assets or outstanding debts, including late filling fees. Further, IWve request for the disposition of residual funds must be reported on Schedule 1B and the Summary Page. A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable 1B and the Summary Page. If any of the Information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived. Date of the Industry of the		
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Current Treasurer or Designated Record keeper ERNIE Kangler Type or Print Name Signature Date	10. Verification: IVWe certify that all reasonable diligence was used I mylour knowledge and belief the contents are true, accurate and co	I in the preparation of this statement and attached schedules (if any) and to the best of complete.
Type or Print Name Signature	Current Treasurer or	
8	Designated Record keeper FNIE KRYOLER Type or Print Name	Signature
Candidate ERNIE KRYGIEK I CO Date		Jein Kursin 1-31-14.
Type or Pfint Name Signature		Date

Authority granted under P.A. 388 of 1976

Filed 1/31/14



DEBTS AND OBLIGATIONS SCHEDULE 1E CANDIDATE COMMITTEE

1. Committee I.D. Number	150359	

2. Committee Name Committee to Elect ERNie Keygier

This Schedule itemizes:				
a. L Debts and obligations owed <u>by</u> or forgiven the co	ommittee OR b. Γ Dock either a or b. Use only for the p	ebts and obligations owed to	or forgiven by the	committee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by:	4. Type: <u>LOAN</u>	10 1210883,149 05		
ERNIE KRYGIER 185 APIIN BEACH BAY CITY, NI 48706	5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$_		\$_ <u></u>	\$3,149.05
If bank loan, name of endorser or guarantor:		1 1 3 Am	ount Endorsed: \$	J
Debt #2 Corp? Yes Owed to or by:	4. Type:	_/_/ \$	Juni Endoised. \$	
	5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> :		\$	***************************************
If hank loop, name of and group or augmentary	\$	_/_\$		FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes			ount Endorsed: \$	
Owed to or by:	4. Type:			
	5. Date Debt Was Incurred:	/ / \$		
	6. <u>Original Amount of Debt</u> : \$		 	
If bank loan, name of endorser or guarantor:	<u> </u>	/_\$Am	ount Endorsed: \$	FORGIVEN
		Page Subtotal (Outsta	nding debt)	_0-
(Complet	e on last page of Schedule showir	Grand Total of all Sci ng amounts owed by or to the	nedules 1E a committee)	

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

Page _____ of _____



1.	Committee	LD.	Number
1.	COMMISSION	1.12.	(Aniiine)

1. Committee I.D. Number 150359

2. Committee Name Committee To Elect Earlie Krygter

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$	(18.)\$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) S	(20.) \$ O
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ O	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$O	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$O	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$,
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
200	BALANCE STATEMENT	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	•
15, SUBTOTAL Add lines 13 and 14	(15.) = \$	
Amount expended during reporting period (Add lines 9 and 11)	(16.)-\$	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	

^{*}If your ending balance is negative, please recheck your math.